The bill asks the President to address the issue of unresolved liability protections for U.S. firms doing nonproliferation work in Russia.

This bill will enhance the Global Threat Reduction Initiative, announced by former Secretary Abraham last May, to accelerate the global clean-out of the most vulnerable stockpiles of nuclear material. At its current pace, it will take more than a decade to clean up the most vulnerable nuclear sites around the globe.

The bill also urges the President to expand the Proliferation Security Initiative beyond its current members and to engage the U.N. Security Council to provide the specific legal authority to interdict WMD material. It also provides funding for training and exercise with our PSI partners, especially the new members.

At present there are no international standards regarding the securing of nuclear weapons. The Schiff-Shays bill urges the President to develop a set of internationally recognized standards and to work with other nations and the IAEA to get such standards adopted and implemented.

Russia's tactical nuclear arsenal is considered the most likely place from which a nuclear weapon would be stolen and sold or given to terrorists. The gentleman from Connecticut (Mr. SHAYS) and I authorize U.S. assistance to Russia to conduct an inventory of tactical and nonsecured weapons. Our bill also requires the DOD to support a report on past U.S. efforts to help Russia account for and secure its tactical and nonsecured nukes and to recommend ways to improve such efforts.

We also deal with the problem of scientists in the former Soviet Union and work to prevent them from selling their services to North Korea, Iran and al Qaeda.

We also encourage the President to deal with the problem of the NPT's loophole that allows nations like Iran to pursue nuclear weapons through the guise of a nuclear energy program. Our bill asks the President to submit a report outlining strategies to better control fuel cycle technologies and possible ways to close the loophole in Article IV without undermining the overall integrity of the treaty.

These are common-sense approaches to combating the nuclear threat. The gentleman from Connecticut (Mr. SHAYS) and I are committed to working together on a bipartisan basis to do whatever we can to reduce the danger of a nuclear attack on the United States, and we hope that all of our colleagues will join us in that effort.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Indiana (Mr. BURTON) is recognized for 5 minutes.

(Mr. BURTON of Indiana addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

EXPLORATION OF NEW TECHNOLOGIES TO DECREASE HEALTH CARE COSTS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Pennsylvania (Mr. MURPHY) is recognized for 5 minutes.

Mr. MURPHY. Mr. Speaker, we need to explore new technologies that will decrease health care costs and improve patient safety. Electronic medical records, also known as EMRs, are a technological solution to an antiquated paper system.

Often, patient records are scattered between multiple hospitals and doctors' offices, resulting in the likelihood that important medical records could be lost and that valuable data is unavailable to the physician when he needs it. Time is wasted trying to obtain paper medical records, especially in cases of emergency care, and patients sometimes provide incomplete medical histories which often omit or distort important data.

Tens of thousands of lives and hundreds of billions of dollars are lost every year due to medical error, and EMRs would go a long way to reducing these costs. The electronic medical record centralizes all records on a patient and can instantly communicate this information to any health care provider in a secure and confidential manner.

EMRs also have a number of other advantages. They eliminate the need for duplicate tests. They reduce the search time for medical histories and limit instances of lost files, patient recall or unaccessible files. They can instantly search for symptoms, findings, treatments, diagnoses and health care providers involved with patient care. They can reduce the need for additional staff and the expansive storage space needed to maintain paper files.

When complications occur, medical records of an electronic type can allow providers to retrace the exact steps through the process to see if a different approach was needed. They can prompt providers to pursue certain avenues of treatment based upon their diagnosis, and they can automatically generate bills and reimbursements that reduce billing errors.

Some concerns regarding electronic medical records have been raised about the cost. However, the key to implementing an electronic medical record is not to have the Federal Government pick up the whole tab.

Health information technology companies, hospitals and medical practices must share information to improve the process and recommend standards for the industry. Let me give my colleagues an example of how this is done.

This process can be expensive to implement at this stage, and the University of Pittsburgh Medical Center accomplished their EMR system via private investments that will total some $500 million. By implementing electronic medical records, the University of Pittsburgh Medical Center has already decreased the need for repeat laboratory, radiology or other invasive and expensive tests because the data and X-rays are easily shared by authorized users.

□ 1500

UPMC is ranked number one in the United States and health care industry, and number five among all industries in the use of information technology, according to Information Week 500.

We need positive examples from the business community to make the case for health information technology today and tomorrow. Examples of successful electronic medical records such as these provide the leadership necessary to ensure that health information technology becomes a reality.

The President has already shown his commitment to health information technology by committing $125 million to the Office of the National Health Information Technology Coordinator. Now we need to work with private industry to continue to make the case for successful implementation of health information technologies.

Mr. Speaker, if Congress accomplishes one thing this year to improve health care, we should work to develop incentives for hospitals and providers to successfully implement a secure and interoperable electronic health record. This will save money; it will save lives.

As the cochairman of the 21st Century Health Care Caucus, which I cochair with the gentleman from Rhode Island (Mr. KENNEDY), we will continue to work on a bipartisan basis to fully implement electronic medical record systems and to reach this important goal of using this as a mechanism to improve health care in America.

The SPEAKER pro tempore (Mr. BOUSTANY). Under a previous order of the House, the gentleman from Ohio (Mr. BROWN) is recognized for 5 minutes.

(Mr. BROWN of Ohio addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

SMART SECURITY AND $80 BILLION IRAQ SUPPLEMENTAL

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from California (Ms. WOOLSEY) is recognized for 5 minutes.

Ms. WOOLSEY. Mr. Speaker, President Bush has recently indicated that he will ask Congress to approve another supplemental appropriations bill to fund the ongoing military operations in Iraq. The number is rumored to be somewhere in the $80 billion range; $80 billion.

If this request for emergency funds is anything like the last three passed in the Congress, we can expect two things: one, the President will once again refuse to explain precisely where this money will be spent; and, two,